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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Convulsions due to Morbid Conditions of the Uterus in the Non-puerperal State. By GRAILY HEWITT, M.D., Prof. Midwifery and Diseases of Women in University College, etc.

GENTLEMEN: In regard to the connection between certain morbid conditions of the uterus in the non-puerperal state and the occurrence of convulsions, the subject to which I intend to direct your attention on this occasion, it may be said that comparatively little of a positive character is known. You are well aware that convulsions may be produced in two principal ways, and they have accordingly been divided into two classes—namely, centric and eccentric. The convulsions produced by the uterus come under the latter category; they are eccentric.

In considering this subject, let me remind you, in the first place, of the fact, very well known, that the sympathy existing between the nervous system of the uterus and the general nervous system is of the most intimate possible character. Of that we have abundant evidence. A remarkable instance of this is the fact that in the course of labour, if the patient be frightened, the labour may be altogether arrested for a time; and, conversely, a sudden fright may be the means

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of bringing on the process of labour. Again, sickness, a frequent attendant on pregnancy, is a sympathetic result of the condition then present. Sympathetic "uterine" sickness may occur also at other times, for it may be produced by certain morbid conditions of the uterus. It is, in short, one of the most common symptoms of uterine disease.

The occurrence of convulsions, as due to the uterus in the non-puerperal state, must be set down to the existence of some irritation in the uterus itself, this irritation acting in a reflex manner. The fact that the uterus itself can, in the non-gravid condition, give rise to convulsions is, it may be said, one which is not generally received and admitted. And, further, in quarters where so much as this is received and admitted, it has not yet been pointed out what is the nature of that irritation in the uterus which can and does give rise to these convulsions. This subject has for a long time occupied my attention, and, having seen a considerable number of cases, I feel now in a position to express a very decided opinion upon it. I entertain the belief that there is a very well established connection between the occurrence of convulsions and the existence of certain morbid conditions of the uterus.

The convulsions of which I am about to speak include those convulsive attacks which are ordinarily known and spoken of under the term of hysterical convulsions, and they include certain other cases of convulsions which lie in a sort of intermediate position between the hysterical and the true epileptic convulsions, and which may, for the want of a better term, be spoken of as epileptiform. But the great majority of these cases are such as have been distinguished as hysterical. I do not intend, on this occasion, to discuss the general question of hysteria, but simply to deal with the convulsive attacks observed. A case recently under my observation in this hospital will form the text of my remarks, which will be limited to the facts noted in this particular case.

CASE.—*Acute Anteflexion of the Uterus, probably of one year's duration; Convulsive attacks occurring frequently during that time.*—The case more fully reported is as follows: L. F——, thirty years of age, admitted Nov. 15th, 1874. Married six years; has had one child only, four years and a half ago; no miscarriages. Respecting the family history, it is stated that her mother is alive, and has had a paralytic seizure, from which she has recovered. The patient was always delicate, but enjoyed fairly good health until the present illness. The catamenial discharge was pretty regular until three months ago, since which time it has not appeared. Quantity generally above the average. It was not attended with pain. Her health was good until twelve months ago. About this time the patient was engaged for some six weeks in nursing and closely attending upon her sick child; she attended it both day and night. To the nursing of the child and this considerable bodily exertion the patient attributes her illness. The illness began very shortly after the recovery of the child. It commenced with an attack which was denominated a "fit." This came on in the morning. She lost her consciousness for a second, was convulsed, and, on recovery, ran in a state of alarm into an adjoining room. Since that time, except an interval during last summer, she has had fits occurring once, twice, or three times a day, lasting for a brief space, and not generally accompanied with loss of consciousness. For a moment or two after the attacks her eyes are affected, and she "sees things before her eyes" and has "dreadful things on her mind." Sometimes she is unable to see for a few minutes. She does not fall down during the fit, nor does she bite her tongue. The fits occur most frequently at night. Lately, since menstruation has ceased—that is to say, for the last three months, the fits have become more intense. She has somewhat emaciated. A short time after the commencement of her illness she was under treatment at another hospital, where the attacks were pronounced to be epileptic. Since menstruation has ceased there has been more or less leucorrhœal discharge, sometimes puriform in character; and this was observed first when menstruation should have occurred but

did not. For the last few weeks she has felt shooting pains in the left groin. A walk across the room is attended with difficulty. Intercourse gives rise to pain. A few days after the admission of this patient into the hospital, on November 18th, the catamenia returned, after three months' cessation, and continued for two days.

Up to the time of my first examining the patient (Nov. 30th) there had been no alteration in regard to the occurrence of the convulsive attacks, which, as I before remarked, occurred one, two, or three times in the course of twenty-four hours. On Nov. 30th I first made the examination, and on that occasion it confirmed the result of an examination which had been previously made by Dr. Williams and by the obstetric assistant. The result was that the uterus was found anteflexed. The uterus was large, anteverted, and extremely anteflexed, the fundus being low down between the cervix and the pubic bones. By the aid of the sound, the introduction of which was extremely difficult, in consequence of the sharpness of the bend of the uterus, the uterus was restored to its natural position. It may here be mentioned that the patient herself had supposed that she was pregnant, but it was not so. The diagnosis was expressed in the following terms: In consequence of severe and long continued exertion in nursing her sick child, the patient became the subject of anteflexion of the uterus; the anteflexion had since progressively increased in intensity, and the attacks of convulsion, together with the arrest of the catamenia, are due to this condition of the uterus. Up to this time, as already remarked, since the patient entered the hospital the fits had continued as frequently as before admission. After replacement by the sound the uterus was treated by inserting a cradle pessary, so as to elevate the fundus uteri, and so maintain it in that elevated position. The satisfactory accomplishment of this object, the elevation of the fundus uteri, was more than usually difficult in consequence of the size which the fundus of the uterus had attained.

The subsequent history of the case is as follows: Dec. 1st. No fits in the night; one this morning, but less severe. 2d. Five slight fits during the night. 3d. Two slight fits this morning; severe pain in left groin last night, and this morning catamenia reappeared. 4th. No fits or peculiar sensations; catamenia continues. 5th. A slight fit yesterday afternoon, also two slight ones in the night. 6th. No fits. 7th. No fits. 8th. One in the night. 9th. No fits. 10th. One fit and two "peculiar sensations" last night. 11th. No fits. 12th. No fits. 13th. One fit last night. 14th. No fits. 16th. "Peculiar sensations" last night. 17th. Ditto. 18th. One fit. 19th. No fits. 20th. Two "peculiar sensations." 21st. Ditto. 22d. One rather severe fit with "sensations." 24th. No fits. 27th. No fits or sensations. Jan. 5th, 1875 (twelve days since the last report). A bad fit last night. 9th. Catamenia returned. 13th. Catamenia continues, discharge very profuse, and coming in gushes. 15th. Period ceased, and the patient was allowed to get up, having been kept in the horizontal position until this time. 18th. Not quite so well; had a fit this morning; has been up each day for the last three days. 19th. Another fit this morning. 21st. No fit for two days. 22d. Discharged.

During the whole of the patient's stay in the hospital the only treatment to which she was subjected was the use of the sound on one occasion, the wearing of the "cradle" pessary, and the maintenance of the body in the horizontal position. The legitimate deduction to be drawn from the foregoing statement is, that the treatment adopted had a very decided influence in alleviating the principal symptom, viz., the convulsions, from which the patient was suffering. There can be very little doubt of that. Before the time of the commencement of the treatment the fits occurred frequently every day, while under this treatment they were not altogether abolished, but very much lessened in degree and frequency. The treatment virtually consisted in straightening the uterus. The mechanical appliance used had the simple effect of preventing the descent of the fundus uteri anteriorly, the organ being thereby straightened.

In the next place, I will proceed to explain what I believe to be the connection between the malady in question and the occurrence of the convulsive attacks. The case was one of very acute anteflexion of the uterus. When the uterus is actually bent on itself, as in this case, one physical result is inevitable, namely, that the tissues of the uterus are excessively compressed, especially on the concave side of the bend. The thickness of the uterine wall at the situation where the bend ordinarily occurs, viz., at the junction of the cervix and the body, corresponding to the internal os uteri, is not so great as above that point, but still it is considerable. The tissues of the uterus at this situation necessarily undergo compression, as the result of the acute flexion which is present under these circumstances. The result is that the blood is forced out of the tissues of the uterus at the situation in question by the action of this compressing agency. And inasmuch as the uterus is everywhere pervaded by nervous filaments, these delicate structures become also subject, like the other tissues of the organ, to forcible compression. In proportion as the flexion becomes increased in intensity so does the compression increase in degree. It is this compression of the nervous filaments of the uterus which constitutes, in my opinion, the irritation of the uterus which gives rise to the symptoms in question, and which, in fact, produced the convulsions in the particular case above described. It is one of the facts in this case that the fits were often worse at night. This is to be accounted for, I believe, by the change in the position of the uterus produced by the recumbent posture. Another explanation may be given of the connection between the flexion and the occurrence of convulsions, and it is this: that, inasmuch as the fundus of the uterus becomes acutely congested from time to time, as the result of this flexion, the convulsions are produced by and as the result of that acute congestion. It would be quite reasonable to suppose that acute congestion of the fundus of the uterus might cause such irritation of the organ as to give rise to convulsions. One of the most important effects of flexion of the uterus is the occurrence of congestion of the two extremities of the uterus, the fundus and cervix uteri. Doubtless, in this very case such congestion was present, and was intensified from time to time by the change of position of the patient. I, however, entertain the belief that the compression of the nerve-tissues, as well as compression of the tissues of the uterus generally, is really the starting-point of the irritation which exists.

It has been a maxim with almost all writers and observers who have been really acquainted with diseases of the generative organs in the woman, that marked hysteria is connected in some way with disease of the uterus; but the precise nature of that uterine disorder, and the mechanism of the process by which the symptoms are produced, have never been satisfactorily described. My own observation has led me to the conclusion that marked flexion of the uterus exists in all cases of severe repeated hysterical attacks. This is the theory I advanced in the last edition of my work on Diseases of Women, published in 1872. At this moment I desire, however, to limit myself to the consideration of the nature of the convulsive seizures incidental to hysteria.

Respecting the truth of the theory now put forward confirmatory evidence is by no means wanting. Niemeyer, whose facts are generally considered as reliable, and who was certainly not disposed to attach an undue importance to these special uterine disorders, says that flexions, more than any other of the disorders of the uterus, give rise to hysteria. This is an exceedingly valuable statement, coming as it does from a distinguished modern pathologist. It is, in fact, a piece of evidence from the opposite camp, so to speak, and is important as bearing out my view of the case. The further arguments I submit are as follows: In the first place, there is the *à priori* argument. It is reasonable to suppose that compression of the uterine tissues, involving as it must do compression of the nervous filaments, may produce such irritation as to give rise to convulsions. It does not, however, at all follow that such compression will always produce convulsions. It would be

as reasonable to find fault with the theory that convulsions are sometimes due to the presence of worms in the intestinal canal, because these entozoa do not invariably give rise to convulsions. No one, however, doubts the connection between these two events. It is therefore not a sufficient reply to this statement to say, that if this theory were true convulsions would always occur when compression of the uterine tissues is produced. The clinical arguments in favour of this view seem to me to be overwhelming. I have seen a considerable number of cases in the course of the past few years where convulsions of the kind described have actually ceased when the flexed uterus was so treated as to diminish or remove the compression existing at the seat of the flexion. And in all such cases I have observed that this kind of treatment produced a very marked effect even when it did not succeed in at once removing the attacks. This is an important argument. Another is, that the position of the body, or any exertion which has a tendency to aggravate the flexion, invariably aggravates and intensifies the convulsions. I could relate many instances where this interesting fact was observed. Thus, in one case of severe retroflexion, giving rise to convulsions, the attacks instantly ceased when the patient was made to lie on her face, this improvement being in that case effected without any other mechanical treatment of the uterus whatever. In another case, that of the wife of an Indian officer, in whom the convulsive attacks were produced by anteflexion of the uterus, they invariably occurred when the patient was sitting upright at the dinner table, that being the only time of the day when they did occur. The sitting position increased the anteflexion, and thus gave rise to the convulsions. These are typical instances, but I could mention several such cases. A further argument is the effect of measures having a more direct curative action upon the flexion, and which have been employed with the idea of restoring the uterus to its proper shape. I mean the employment of the sound and the use of pessaries in order to restore the uterus to its true natural shape. I now state that the effect of these measures has been, clinically, to give proofs, over and over again, of the validity of the position which has been taken up, inasmuch as the convulsions, or the tendency to convulsions, have always been influenced favourably in direct proportion to the degree in which the flexion has been favourably acted upon. Another argument which I have to submit to you is the result of very careful exploration of the uterus in many of these cases, an exploration made by the finger and the sound. It will be found in these cases that the introduction of the sound, if properly managed, gives no pain to the patient until it reaches the situation where the flexion exists. When the sound has been introduced a distance of one inch into the cervical canal, its point comes in contact with that part of the uterine wall which is the seat of the compression; and invariably it is found, under these circumstances, that the patient experiences very great pain when that part is touched by the point of the sound. After the point has passed through this strait, and when passed beyond the site of the flexion, there is no more pain felt by the patient. But the mere touch of the point of the sound on the uterus in this situation always gives rise to extreme pain and evidence of extreme sensitiveness. It requires that the examination should be conducted with great care in order to give this result, because it generally happens in these cases that the uterus as a whole is also sensitive to the touch. But by carefully conducting the examination you will be able to define those parts which are so very sensitive to the touch.

This theory, which has now been brought under your notice, that the convulsive seizures in the case above detailed and in similar cases are traceable to the compression of the tissues of the uterus, is not, then, a fanciful one; it rests upon observations made carefully and repeatedly. And it is quite certain, to my mind, that its truth will be confirmed by all careful and unprejudiced observers. The uterus in its normal and healthy condition is very little sensitive to the touch, and little liable to give rise to reflex dis-

turbances; but the clinical evidence is to the effect that its sensitiveness to the touch, and what may be termed its "reflex sensitiveness," are very much increased by compression arising from the alteration of the shape of the uterus, and especially that alteration which is now so generally known under the term of flexion of the uterus. These reflex disturbances are many in number, and the liability to convulsive attacks is simply one of them. The case which has been brought before you is one of anteflexion; but I have seen very severe convulsive attacks occur in cases of retroflexion, and it appears that they are liable to occur in a more *severe* form in cases of retroflexion. The degree of the flexion is liable to be greatest in cases of retroflexion, and hence the severity of convulsions due to it will be greater than in the case of anteflexion.

Time will not permit me to enter on the details of treatment applicable to such cases as the above, but I have endeavoured to give sufficient indications as to the principles which must constitute the basis of the treatment.—*Lancet*, Aug. 7. 1875.

HOSPITAL NOTES AND GLEANINGS.

Retention of Urine from Laceration of the Urethra; Catheterism; Good Results.—Charles O'H., æt. seven, was admitted into West London Hospital on the night of June 18th, suffering from retention of urine. Whilst the lad was riding on the back of a cart he fell off, about 4 P. M., became engaged in an altercation with the driver, and was knocked down and run over. Some blood escaped from the boy's penis, and he was afterwards unable to make water. When the patient was seen by Mr. Teevan the bladder was greatly distended, there were a few bruises on the right hip, and some blood-stains on the shirt. Mr. Teevan tried to introduce a small olivary elastic catheter, but failed. He then took No. 11 (French gauge) metal catheter, and by keeping the instrument well pressed against the roof of the urethra, and tilting up the point with the left forefinger in the rectum, succeeded in passing it into the bladder. When all the urine had flown out he cut off three inches of the shaft of the catheter, and tied the instrument in. Some ecchymosis appeared in the perineum on June 21st, and on the following day Mr. Alderton, the house-surgeon, withdrew the catheter, which had been borne very comfortably. On June 27th and 30th No. 11 metal catheter was passed, and again on July 3d, on which day all ecchymosis had disappeared from the perineum. On July 7th, 12th, and 14th No. 15 metal was introduced, and on July 15th the boy was discharged quite well, passing a good stream of urine. Mr. Teevan, on July 17th, introduced No. 15 for the first time without the aid of the finger in the rectum. Soft catheters failed every time they were tried.

Case 2. Thomas W., æt. thirty, a boot-clicker, was admitted into the hospital on June 20th, suffering from retention of urine. At 11 P. M. the previous night he was kicked in play in the perineum by a comrade who had only his stockings on his feet. The patient experienced much pain at the time, lost about half a pint of blood from the urethra, and was not able afterwards to make water. At 3 P. M. Mr. Teevan took a No. 15 olivary elastic catheter, passed it into the bladder with ease, and drew off a large quantity of urine, but did not leave it in, as the man could not enter the hospital till night. At 7 P. M. the patient was admitted. There was much blood on his shirt, and considerable fulness in the perineum, which was painful when pressed. At 11 P. M. the house-surgeon, Mr. Alderton, tried to pass a metal catheter, as the patient wanted to be relieved, but the instrument would not go. He then took a No. 11 (French gauge) olivary elastic catheter. and, having passed it with ease into the bladder, he drew off the urine and tied the instrument in. The catheter was retained for forty-eight hours, and after its withdrawal the patient had no further attack of retention. On July 1st Mr. Alderton passed No. 15 elastic catheter, and on July 3d No. 16 was introduced by Mr. Teevan, and on July 7th and 10th No. 17 by Mr. Alderton. On July 12th Mr. Teevan passed No. 18, and the patient left the hospital the following day quite

well, and able to pass a good stream of urine, which he had been unable to do for some years, as he had suffered much from stricture. On July 17th the man came to the hospital, when he was instructed in catheterism, and was enabled to introduce No. 18 soft catheter with ease for himself, and without drawing a drop of blood.

Mr. Teevan remarked that there were several points of interest in the above cases. Both patients had met with similar accidents. How was it, then, that metal instruments only could be passed in one instance, whilst in the other elastic catheters only could be introduced? These very facts establishd the diagnosis of the seat and particular form of laceration that had occurred in each case. M. Auguste Mercier had laid it down that if a laceration or false passage existed in the floor of the deep portion of the urethra, a curved metal catheter ought to be passed, as it could be made to hug the roof of the urethra, and so avoid slipping into the cul-de-sac in the floor. If, on the contrary, the laceration were in the roof, a straight elastic catheter ought to be introduced, as it always tended, when passed, to keep to the floor of the urethra, and would thus escape becoming locked in any rent in the roof of the canal. Inasmuch as in the case of the boy a metal catheter only could be introduced, it proved that the urethra had been torn in its floor, whilst the fact of an elastic catheter only being able to be passed in the man showed that the urethra had been torn in the roof. But how was it that the roof of the man's urethra had given way rather than the floor, which was the spot where the violence was applied? In all probability the following was the explanation. For some time the man had suffered from stricture in the deep portion of the urethra. Now, as a rule, in that complaint the floor was far more affected than the roof—*i. e.* the former was much thicker and stronger than the latter; hence, therefore, when the man was struck in the perineum, the weakest portion of the urethra, which was the roof, gave way rather than the floor, which was much stronger. The cases showed that soft and metal catheters had each their spheres of action, though, as a rule, if the urethra were completely torn across, a small olivary catheter would be found more likely than any other instrument to pick up the distal end of the divided canal. The treatment of a lacerated urethra was similar to that of a fractured bone. In each instance a splint was required to keep the ends of the thing torn in apposition, and in the instance of a lacerated urethra, the catheter acted as a splint. The retention of a metal catheter was always objectionable, as it tended to produce ulceration at some spot or other. Hence the less of the instrument that actually projected in the bladder the less chance would there be of cystitis. In order to carry out this object, several inches of the metal introduced in the boy's case had been cut off, leaving no more than was actually necessary to project in the bladder.—*Lancet*, August 21, 1875.

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Cases of Fissure of the Anus successfully treated in Middlesex Hospital under the care of Dr. Arthur Edis.

Case I. *Fissure of the anus; supposed uterine disease; division; complete recovery.*—S. W——, aged twenty-one, married two years; one child, aged seven months, Ever since her confinement the bowels have been very confined, often going a whole week without acting. For the last five months she has taken two or three teaspoonfuls of castor oil every morning. She experienced severe agonizing pain on defecation, the pain lasting the greater part of the day, and quite unfitting her for her household duties. A medical man had been in attendance for several months, and had treated her for an affection of the womb, only lately having had any suspicion that something was wrong with the bowel, when two leeches were applied to the anus, but no examination made. The patient had been confined to bed for nearly three months. Having heard the above history, the lower bowel was carefully examined, and on passing the left forefinger a hard, exquisitely sensitive fissure on the posterior aspect was de-

tected. As the patient was exceedingly nervous, and the examination caused much pain, a small quantity of chloroform was given, and the fissure divided by means of a blunt-pointed bistoury. Oiled lint and opium suppository were inserted, and the bowels relieved on the third day without any pain whatever. Attention to the state of the bowels caused great improvement in the general health. After the first few days the patient had no return of the symptoms, and recovered perfectly.

CASE II. *Fissure of rectum; supposed piles; operation; recovery.*—E. E——, aged twenty-five, single, presented herself, complaining of certain uterine symptoms, together with severe pain in defecation, which had been present during the last two years. The bowels were habitually constipated, the patient frequently allowing a whole week to elapse without their acting—in fact, the pain was so severe "she never went unless she was absolutely obliged," as "the agony was so excruciating," becoming worse and worse an hour or so after the bowels acted, the pain often lasting for twenty-four hours, and the motion being streaked with blood.

On examination, a small condylomatous growth at the anterior margin of the anus was detected, which the patient stated she had regarded as a pile, and had had ointment prescribed for it, though she had never been examined. On inserting the finger per anum, a fissure was found extending up an inch or more into the bowel from the growth externally; considerable pain was complained of at the time, and the finger on withdrawal was streaked with blood.

The growth was at once removed by the aid of curved scissors, and the fissure divided along the base by means of a bistoury. Oiled lint was inserted, and a mixture of sulphate of magnesia and sulphate of iron prescribed, to insure regular action of the bowels, a soothing lead lotion being also ordered. The pain on defecation gradually disappeared, and the patient recovered perfectly within a few weeks.

The case is of interest, as the patient had been seen by several practitioners, who treated her for piles on her own representation, without ever confirming or upsetting the patient's own diagnosis by means of an examination. She had been doctoring, on and off, for nearly the whole of the two years during which she had been suffering.

In place of confining the bowels by means of opium subsequently to the operation, as usually advised, a tonic aperient mixture was prescribed, and regularity of the bowels thus insured.—*Lancet*, August 28, 1875.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Extraction of a Sewing Needle supposed to have been swallowed, from the side of a child. By S. N. MARSHALL, M.D., of Jeffersontown, Ky.—A colored boy, five years old, began, about the first of Sept. 1872, to complain of pain in stomach and bowels which was worse about two or three hours after eating. Various remedies were prescribed, from which he obtained no benefit. Subsequently vomiting occurred whenever food was taken. There was great loss of flesh and strength; the abdomen became tympanitic and stomach tender under pressure, especially to the right side.

1873, *Jan.* 5. Not vomited so frequently since Jan. 3d; pulse 120.

8*th.* Vomited but once; pulse, 112; bowels opened last night; took an ounce of milk-punch, retained it.

11*th.* No vomiting; takes milk-punch every two hours; less tenderness over stomach.

15*th.* Bowels acted twice; semifluid; no vomiting nor sick stomach; very little pain over the stomach; slight tenderness over gall-bladder; pulse, 108.

18*th.* No vomiting; pain over liver and tenderness greatly increased; loss of appetite; eyes and edges of tongue yellow.

24*th.* Pain and tenderness; jaundice much better; appetite better; bowels acted twice; bilious; continued.

26*th.* Pain and tenderness increased; all the other symptoms improved; appetite good and food retained; found a promi-

nent point over gall-bladder very tender to the touch; directed warm poultice to that; discontinued all other remedies.

Feb. 3. Better; prominence very distinct; by pressure could feel a hard point which was intensely painful on pressure. Being satisfied there was some foreign substance in the swelling I gave him chloroform, made an incision near the hardened point; introduced a small curved forcep and easily seized hold of and removed a sewing needle 1½ inch long with about two inches of white thread in the eye of the needle.

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Method of disguising the Taste of Cod-liver Oil.—Dr. F. GUNDRUM, of Ionia, Mich., sends us the following formula for this purpose. "Make an emulsion with the syrup of lacto-phosphate of lime, or, if this be objectionable, make an emulsion with gum arabic and flavor it with the oil of juniper berries (5 to 40 drops) to the ounce of emulsion."

DOMESTIC INTELLIGENCE.

Hot Packing in Acute Rheumatism.—This mode of treatment has been adopted in Mount Sinai Hospital, and apparently with marked benefit. It consists in packing the patient with blankets wrung out of hot water, and changed as often as their temperature falls. In one case, where the disease had invaded every joint, the patient was relieved in eight hours. The rheumatism shows a tendency to recur, and when it does the packing is practised as at first. Local packings are also used with benefit. The results obtained are fully equal to those obtained from cold packings and the use of ice, and have the advantage of not shocking the feelings of the patient's friends.—*New York Med. Journal*, Sept. 1875.

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An Eighteen-Pound Baby.—Dr. O. O. BURGESS records (*Pacific Med. Journal*, Sept. 1875) a case of labour which resulted in the birth of a baby weighing eighteen pounds. The head was delivered with the forceps, but great difficulty was met with the shoulders; this was overcome, and the delivery completed. The child, a female, was born asphyxiated but was revived.

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Alabama Medical Association.—The annual session of this society was held in Montgomery, April 13th, 14th, and 15th. The next meeting will be held in Mobile on the second Tuesday in April. The following officers were elected: President, Dr. J. J. Dement, of Huntsville; Vice-Presidents, Dr. P. Boyce, of Tuscaloosa, and Dr. T. M. Peterson, of Greensboro; Secretary, Dr. B. A. Riggs; Treasurer, Dr. N. C. Jackson.

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Dr. Fordyce Barker.—During his recent sojourn in London, Dr. Fordyce Barker, of New York, was invited to participate in the exhaustive debate on puerperal fever then in progress before the Obstetrical Society, and delivered an able exposition of the relation of puerperal fever to the infective diseases and pyæmia.

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Poprietary Medicines.—The *Pharmacist*, published by the Chicago College of Pharmacy, and edited by ALBERT E. EBERT, has been doing a valuable service to the community by publishing the analyses of a number of proprietary medicines which have been extensively advertised in various *medical* journals, and their extraordinary claims endorsed even by the editors of some of those journals.

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OBITUARY RECORD.—Died at Winchester, Va., August 9th, 1875, Dr. HUGH HOLMES MCGUIRE, in the 75th year of his age. Dr. McGuire was one of the most eminent surgeons of his State, he was greatly esteemed, enjoyed an extensive practice, and was professor of surgery in Winchester Medical College, of which he was the founder.

——, at Brookline, Mass., on the 13th Sept. 1875, STEPHEN SALISBURY, M.D.; a practitioner who was highly esteemed by those who knew him, and distinguished for his courtesy, modesty, and faithful devotion to his profession.

FOREIGN INTELLIGENCE.

Parenchymatous Hepatitis.—At a recent meeting of the *Société de Biologie*, M. CORNIL gave an account of the changes met with in the livers of patients who had died from parenchymatous hepatitis supervening in the course of puerperal fever, leukhæmia, typhoid fever, and variola. In all these cases he found similar changes to those which he had previously described as taking place in cirrhosis. The smallest biliary capillaries were filled with epithelial cells, finally obliterating the channels altogether. These changes being most marked in the peripheral ducts of the lobule, it is easy to account for the production of jaundice in these cases, the bile contained in the central canaliculi not being able to escape into the interlobular ducts. It will be seen that this explanation of the occurrence of jaundice in febrile affections is based on the view of there being mechanical obstruction to the outflow of bile; and whereas this obstruction is usually attributed to catarrh of the larger hepatic ducts, it is, on these researches, simply placed further back, viz., in the periphery of the lobules themselves.—*Lancet*, Aug. 21, 1875.

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Ether inhaled directly into the Larynx without causing Bronchial or Laryngeal Disturbance.—Dr. JAMES MORE relates (*Lancet*, September 4th, 1875) the following case illustrative of this:—

"Two years ago I had occasion to operate on a woman into whose larynx I had one year previously introduced an ordinary tracheotomy tube for organic stricture. As she was reduced to the last verge of weakness, it was decided to administer ether. This was given through the tracheal tube, by means of a cone of stiff paper and a sponge. It acted beautifully, sleep—calm, peaceful sleep—being at once induced. The pulse, from being quick, small, weak, and rather irregular, became slow, full, and vigorous—just such a pulse, in fact, that gives to the country surgeon perfect comfort and confidence. In this case the vapour must, of course, have entered the larynx directly, yet it did not seem to cause the slightest irritation, as there was neither gasping, coughing, nor other symptom of laryngeal disturbance. As the tracheotomy tube had been in one year, it is just possible the mucous membrane of the air-passages had become less sensitive. Be this as it may, the fact stands prominently forward that the ether vapour did its work efficiently, safely, and with apparently less discomfort to the patient than if it had been given by the mouth."

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Adams's Subcutaneous Division of the Neck of the Thigh-bone.—Dr. EDW. LUND communicated to the Surgical Section of British Med. Assoc., a case in which both hip-joints were ankylosed in the straight position, so that the patient could not sit down. Subcutaneous division of the neck of the thigh-bone was first performed on the left side, and twelve weeks afterwards on the right side. The result of the operation was, that the patient acquired excellent power of motion in both hips; he could support the weight of his body on either leg; and he had greatly improved in all respects. Mr. William Adams (London) felt sure that no one could congratulate Mr. Lund more than himself in having been so fortunate as to obtain useful mobility at both points. He had aimed at such results, but without getting them. In his own cases, there had been extreme deformity, where motion could not be obtained even when the patient was under chloroform. In about twelve or fifteen cases now operated on, there had been only one failure, and it was in St. Thomas's Hospital, where the patient was a strumous child, with little ankylosis. As a rule, the cases to be operated on were, beginning with the best, rheumatic, pyæmic, traumatic, and scrofulous. The last should be excluded. If the cases were carefully selected, the results would be good. Mr. Bryant had operated on two cases, with successful results.—*British Med. Journ.*, Aug. 28, 1875.

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New Method of treating Varicose Veins.—M. RIGAUD, Prof. at the School of Medicine at Nancy, lately brought to the notice of the Surgical Society of Paris a new method of treating varicose veins.

For nearly a quarter of a century M. Rigaud practised cauterization with the Vienna paste, with the view of producing obliteration of the vein, and obtained a fair amount of success. He noticed, however, that on exposing the vein, in order to apply the caustic, the vein contracted to nearly half its diameter, and, at the same time, the external coat seemed to thicken and lose its transparency. This applied of course to all the vessels thus exposed to the air, and from it he argued that if such an effect is produced by simple contact with the air, it would be superfluous to apply any other remedy. He accordingly treated a certain number of cases in this way: after cutting down upon the vein, he isolated it from the surrounding tissue by passing a bit of tape or adhesive plaster around it, and thus left it exposed to the air. About the seventh day the vein becomes completely dry and obliterated; this portion then separates from the rest of the vein, and the wound in the skin, caused by the surgeon, heals rapidly. It sometimes happens that the rupture of the veins does not take place, but they are transformed into a mass of fibrous tissue. M. Rigaud performed the operation 151 times; 140 on the lower extremities, and eleven for varicocele. The immediate result had been so far a success that the veins were completely obliterated, but, unfortunately, he could not say whether in all the cases the cure was permanent. In fifteen, however, of those he had seen some time after, and on whom he had operated on the lower extremities, the cure was radical and definite; but in seven of these cases M. Rigaud observed the development of new varicose dilatations of the collateral branches as well as of the superficial veins of the skin.

This method of simply isolating the veins and exposing them to the air is, according to M. Rigaud, free from danger, and yet in his report he states that the "only" accidents he observed were phlegmonous inflammation limited to the tract of the vein, erysipelas of the skin, some cases of simple phlebitis, but never diffuse; accidents which are not generally fatal. In looking over his report, however, I find three fatal cases recorded; but these were attributed to accidents during the operation; in two cases rupture of a collateral branch took place during the separation of the vein, and in the third case death was caused by phlebitis and pyæmia resulting from a slight puncture of the vein with the point of the bistoury. M. Rigaud consoles himself, however, with the consideration that these three cases, far from being discouraging, go to show the excellence of his method, and that it is only when the veins are wounded, whether intentionally or otherwise, that there is any real danger, especially when the veins are already in a diseased condition.—*Medical Times and Gazette*, Aug. 28, 1875.

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Catheterism of the Ureters.—Prof. Simon, of Heidelberg, who has introduced the practice of passing the whole arm into the rectum, describes a not less adventurous, and more audaciously bold, procedure with respect to the ureters. In No. 88 of *Volkmann's Sammlung*, after describing the circumstances under which it is desirable to dilate the female urethra (so that the finger may be carried in and the bladder explored), and to perform the vesico-vaginal section, he states that this latter operation may be taken advantage of for catheterizing the ureters. He has himself done this seventeen times on eleven women, and has been enabled without the slightest difficulty to reach the pelvis of the kidney. As yet he has had no opportunity of employing this procedure in a case of disease, but believes it will be found useful in the diagnosis and treatment of calculous affections; calculi in obstructed passages might be extracted or cut out, and so forth.—*Med. Times and Gazette*, Aug. 28, 1875, from *Wiener Zeitung*, August 10.

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Intravenous Injection of Chloral.—M. Bouillaud communicated to the Academy of Sciences another case of anæsthesia induced by this method. The subject was a woman who for several years had suffered from trifacial neuralgia, and which

from being intermittent had become so constant as to almost entirely deprive her of sleep. Prof. Gintrac, Surgeon of the St. André Hospital at Bordeaux, after consulting with Prof. Oré, the originator of this method, resolved upon this mode of using chloral, in order to enable him to divide the nasal nerve. Sleep by its injection was procured in a few minutes, and was followed by complete insensibility, during which the operation was performed without any pain. M. Bouillaud stated that this made the thirtieth case in which this new mode of inducing anæsthesia had been successfully employed, Prof. Oré having himself had twenty-five cases under his care. In no case had death ensued. —*Med. Times and Gaz.*, August 14, 1875, from *L'Institut*, August 4.

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Action of Compressed Air.—M. BERT has shown, by a long series of experiments, that air compressed to a certain degree kills living beings in a very short space of time. This result, according to M. Bert, is due, not to the pressure of the air considered as a physico-mechanical agent, but to the tension of the compressed oxygen. These researches have led M. Bert to study the effects of compressed air on the different fermentations, and with this view he submitted fresh meat, beaten eggs, urine, wine, and milk, to a strong tension of oxygen, and the result has been that these substances have been kept in a perfect state of preservation. From these facts, M. Bert has decided the following conclusions, which he submitted to the Academy of Sciences. 1. Oxygen of high tension effectually stops the fermentation properly so-called, so much so that the process is not resumed on the restoration of the normal pressure; it kills all fermenting agents. 2. Its action on diastasic ferments is unappreciable; notwithstanding the presence of oxygen, they continue to be active for an unlimited period. It will be seen that this new method of analysis may be usefully applied to the study of the blood in malignant pustule or charbon, and the different viruses and venoms of infectious diseases.—*Brit. Med. Journal*, August 14, 1875.

Triplet Births.—M. DEPAUL lately submitted to the Academy the placenta of a triplet born at Bordeaux. The three children were females, and were, when the case was reported, still alive and in good health. The placenta formed one entire mass; the three cords were perfectly distinct, one was inserted in the centre of the placenta, another on the edges of this organ, and the third on the membranes. There were three amniotic pouches which were rather difficult to trace on the specimen; but according to the report of the medical gentleman who forwarded it, there were during parturition three distinct ruptures of the membranes, which took place before the birth of the children. By a remarkable coincidence, the Paris papers have reported that a *concierge* in the fourteenth arrondissement in Paris, has given birth to triplets, two boys and a girl. The mother is aged 35, and has been confined for the third time. The boys, who were in the same amniotic sac, were born first, at an interval of an hour between each; the girl, who was in a separate sac, was born half an hour after the last boy. The whole three are alive, well formed, and sufficiently strong, particularly the first boy and the girl.—*Brit. Med. Journal*, August 14, 1875.

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Intestinal Secretion.—A second report was presented to the British Medical Association, by the Committee on Intestinal Secretion, Dr. LAUDER BRUNTON and Dr. PYE-SMITH. The report detailed a number of experiments, which the committee had undertaken, and which were considered to prove the absence of influence on intestinal secretion through the splanchnic nerves, the pneumogastrics, the sympathetic above the diaphragm or the spinal marrow; and the probable influence of the ganglia contained in the solar plexus, though certainly not of the two semilunar ganglia exclusively. Also the independent occurrence of hemorrhage and of paralytic secretion appeared, in the view of the committee, to point to a separate nervous influence on the bloodvessels and the secreting structures of the intestines.—*British Med. Journal*, Sept. 4, 1875.

Protoplasm and Adipocere.—A paper was read before the Anatomical and Physiological Section of the British Association for the Advancement of Science, by Dr. J. Goodman, on Protoplasm and Adipocere, or the Origin and Ultimate Termination of Animal Structure. The author endeavoured to show that the animal body, with all its complex organs and seemingly dissimilar structures, is formed either of corpuscles or fibrinous material, which alone can be denominated the true protoplasm of the body; and that dead animal matters are capable of resuscitation by contact with water, so that they will form corpuscles. Thus an individual suffering from disease and taking no nutrition, may be sustained for weeks by the mixing of the effete matters from the frame with the aqueous fluid drawn by the absorbents.—*British Med. Journal*, Sept. 4, 1875.

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A New Histological Process for Staining Tissues.—Mrs. Frances Elizabeth Hoggan, M.D., London, discussed her process for staining tissues at the late meeting of the British Medical Assciation (*British Med. Journal*, Aug. 28, 1875). She said that the process recommended itself principally on account of the property it possessed of staining the substance of the cell as well as the nucleus and nucleolus, and because it gave the best results where carminate of ammonia failed. It consisted in first pouring over the specimen (after treating it with water and with methylated spirit) a one per cent. solution of perchloride of iron; and, in a few minutes afterwards, a few drops of a two per cent. solution of pyrogallic acid, both solutions being made in distilled water. A practical demonstration of the process was given by Mrs. Hoggan.

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Committee on Anæsthetics.—The following resolution, offered by Mr. Annandale, was recently adopted by the Section on Surgery of the British Medical Association:—

"That this section is of opinion that it is desirable that a committee be appointed to inquire into and report upon the use in surgery of various anæsthetic agents and mixtures of such agents; that it be part of the object of such committee to collect and summarize the experience of British practitioners of surgery and medicine as to the relative advantages of chloroform, ether, nitrous oxide gas, and other agents, and to carry out suitable experimental investigations; that Professor Lister of Edinburgh, Professor Pirrie of Aberdeen, Mr. Annandale, Dr. Thomas Keith, Dr. J. Duncan, Dr. M'Kendrick, and Dr. Crum-Brown of Edinburgh; Dr. Burdon Sanderson, Mr. Spencer Wells, Mr. Ernest Hart, and Mr. Clover, of London; Mr. Macdonnell and Mr. J. Morgan, of Dublin, be requested to act as a committee for this purpose, with power to add to their number."

The above resolution was reported to the Association in general meeting, and it was moved by Dr. Chadwick, of Leeds, and carried, "that, in accordance with the resolution now read, a committee on anæsthetics, consisting of the gentlemen whose names are given above, with power to add to their number, should be appointed, and that application for a grant be referred to the Scientific Grants Committee."

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Completion of the Metropolitan Main Drainage.—It is stated (*Lancet*, August 14) that "A labour of sixteen years, and the expenditure of more than four millions sterling, has brought to a successful completion the gigantic undertaking known as the metropolitan main drainage system, which was commenced in 1859. The whole of the sewage of more than four millions of people, living on an area of over 117 square miles, is now diverted from the Thames near London, and discharged at Barking and Crossness, fourteen miles below London bridge, into the river at high water, in order that the ebbing tide may carry it out to sea. Until the opening of the western pumping station at Pimlico on the 5th inst. the sewage of an area of nearly fifteen square miles of West London, including Chelsea, Fulham, Brompton, Kensington, Shepherd's bush, Wormwood-scrubs, Notting-hill and Hammersmith, was discharged into the Thames at Cremorne. The last portion of the metropolitan sewage has now been diverted from this part of the Thames, is

lifted to a height of eighteen feet, and then finds its way into the low level sewer, which carries it to the Abbey Mills pumping-station. So recently as 1815 a penalty was incurred by discharging house drainage into the sewers, which were only intended for surface drainage. Up to that date the cesspool system reigned supreme in London. The nuisance of this system, however, became so intolerable that in 1847 a law was passed making cesspools illegal, and requiring all householders to do what was a penal offence before 1815—that is, to drain into the sewers. In the mean time, however, the Thames was rapidly becoming a gigantic open sewer, and three warnings in the shape of cholera epidemics in 1832, 1849, and 1854, combined with the powerful incentive to action in the matter produced by the effluvium of the Thames upon the legislators in the House of Parliament, led to the inauguration of the metropolitan main drainage system in 1859."

We would suggest to the conservators of the health of the City of Philadelphia the solution of the question, if it cost $20,000,000 and sixteen years' labour to abate the nuisance caused by the Thames being converted into an open sewer, what will it cost to abate the like nuisance when the Schuylkill River shall be converted into an open sewer by the completion of the works now in progress on its borders?

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Snake Bites.—The *Times of India* reports that Dr. SHORTT has just successfully treated, by means of liquor potassæ and brandy, two persons who were bitten by cobras at Madras.—*Lancet*, Aug. 14.

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Cholera in the Hill Stations in India.—It is not very often that an outbreak of cholera occurs at any of these stations, but this year has proved an exception to the rule, as the disease has made itself severely felt both at Simla and at the neighbouring military sanatorium of Kuscowlie. According to the latest telegrams received, there had been at Simla, up to the middle of last month, 152 cases, of which ninty-one resulted fatally. As usual, the great majority of the deaths occurred amongst the natives, but nine Europeans were included amongst the victims. No satisfactory reason has yet been assigned for this outbreak. In the plains, the season has, thus far, not been marked by any unusual prevalence of cholera; in Calcutta, although cholera is never entirely absent from the native portion of the town, the European community has enjoyed a marked immunity from it since the construction of the drainage and waterworks.—*Med. Times and Gaz.*, Aug. 28, 1875.

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The British Medical Association.—This Association held its annual meeting this year in Edinburgh in August last. There were upwards of one thousand members present, and the proceedings were of an extremely interesting character. The President, the venerable Sir Robert Christison, gave the opening address, which was devoted to the subject of medical education in Great Britain, in which the author presented the results of his own extensive experience and observations in regard to that important matter. Highly interesting addresses were also delivered by Dr. Warburton Begbie on Medicine, by Mr. Spence on Surgery, and by Dr. Rutherford on Physiology. The address of Mr. Spence was especially instructive from the results of the experience of the author in the treatment of wounds, and on surgical dressings which were embodied in it.

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French Association for the Advancement of Science.—This association held its fourth annual session at Nantz on August last. The session was opened with an address by M. D'EICHTEL, the acting president, which was followed by a report by M. Ollier, the secretary general, on the proceedings of the session of the preceding year at Lille. M. Claude Bernard was elected honorary president of the Section of Medical Science.

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The Case of Louise Lateau.—For the past seven years the public mind in Belgium has been greatly exercised by the performances of a country girl, who has been subject to weekly attacks of ecstasy

accompanied by cutaneous hemorrhages from special regions, which, from their associations, are held in Catholic countries in profound reverence. Many have been the pilgrimages to the village of Bois d'Haine, where this lowly mystic dwells, and many have been the treatises, religious and scientific, that have been written to explain the phenomenon from their special point of view. At the commencement of the present year a commission of the Royal Academy of Belgium, under the leadership of M. Warlomont, investigated and reported fully upon the case. The report, which was a most elaborate one, came to the conclusion that the girl was the subject of "stigmatic neuropathy"—a new addition to nosology. We have just received a most interesting memoir (*Science et Miracle: Louise Lateau, ou la Stigmatisée Belge*), by Dr. Bourneville, of Paris, the talented editor of M. Charcot's work on Nervous Diseases, and himself no mean contributor to the literature of neuropathy, in which, after careful study and analysis of the writings on Louise Lateau, he concludes that her case is nothing but one of extreme hysteria. After giving a detailed account of her early life, and of her manifestations, each of which—the stigmata, the ecstasies, visions, prolonged abstinence, anuria, insomnia, etc.—he analyzes in full, he passes on to compare her case with those of other well-marked examples of hysteria, many of which either have been or are in the wards of La Salpétrière Hospital. A case is given in which cutaneous hemorrhages, preceded by neuralgic pains, and occurring in different parts of the body, were met with, accompanied by hystero-epileptic fits. Another, recorded by Magnus Huss, of Stockholm, as early as 1851, in which the subject had similar hemorrhages, unaccompanied by menstrual derangement, and without any hæmophilic tendency. This patient could even provoke the hemorrhages at will, and became the object of much curiosity and sympathy. She also was subject to epileptiform attacks. With regard to the ecstasies, there has been in La Salpétrière since 1840 a most unique case of hystero-epilepsy, in which the convulsions are most extreme, and on several occasions the subject of them has passed into a state of cataleptic rigidity in the attitude of the crucifixion. Whilst in this state she sees visions of the Saviour and the Virgin, and in every respect, save the regularity of recurrence, the attacks resemble those of Louise Lateau. Prolonged abstinence, diminution or even suppression of the excretions, have also been observed among other subjects of hysteria, which even excel the mystic of Bois d'Haine in the extremity to which their functions are deranged.

A striking commentary regarding Lateau has just been going the round of the papers. "It appears that for some weeks, her sister having kept priests and sightseers aloof, she reverted to normal habits and conditions; but, relapsing into a state which led to priestly services being called in, the former symptoms—fasting, trances, and stigmata—have reappeared." *Verbum sat.*—*Lancet*, Sept. 4, 1875.

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Prof. Wurtz.—This gentleman has been appointed to the vacant chair of Chemistry at the Faculty of Sciences, which will render it necessary for him to resign the Deanship of the Paris School of Medicine, in which position he has acquired great popularity with the students.

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The Journal of Anatomy and Physiology.—Messrs. Macmillan & Co. announce that the success with which this excellent journal has met, and the increasing investigation into the various branches of Anatomy and Physiology now going on, has induced the editors to determine to issue it henceforth quarterly. Dr. Michael Foster and Professor Rutherford will assist in the future conduct of the journal.

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OBITUARY RECORD.—Died, Sept. 4th, aged 46, F. W. HEADLAND, M.D., well known in this country by his work on the Action of Medicines on the System.

——, at Brixton, August 21st, ALEXANDER FLEMING, M.D. Dr. F.'s researches on aconite obtained for him a high reputation.

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